## **REQUEST FOR PUBLIC RECORDS**

AUTHORITY: MCL 15.235; COMPLIANCE: Voluntary

I. Requestor Information								
Name of Person Making Request		Phone Number	Extension	Email Address			Date	
Street Address		City		State				ZIP Code
Company Representing, if applicable		Name of Client or Insured, if applicat		ole Claim/File/Reference Numb			ce Number	, if applicable
II. Type of Record Requested: Place a check mark next to the type(s) of record being requested and provide the requested details.								
☐ Criminal History Record  Michigan criminal history records are also available by visiting ICHAT at www.michigan.gov/MSP								
Name Referred to in Record (last, first)				Date of		Birth	Sex (M/F)	
☐ Traffic Crash Report (UD-10)  Michigan traffic crash reports are also available by visiting TCPS at www.michigan.gov/MSP								
Report Number	Date of Incident	Location of Incident	Name(s) Referred to in Report Driver's			License Number		
☐ Incident Report								
Report Number	Date of Incident	Location of Incident		Name(s) Referred to in Report				
☐ Photos								
Date of Incident	Location of Incident		Description					
☐ Other:								
Date of Incident	Location of Incident		Description					
III. Method of Access to Record: Select one of the options below.								
☐ Mail to Requestor (Use address provided in Section I)								
Mail To (If different than address in Section I)								
Name		Street Address		City State		ate	ZIP Code	
☐ Inspect Copies by Appointment. (An inspection time will be arranged with the Freedom of Information Unit at the Michigan State Police Headquarters located at 333 South Grand Avenue, Lansing, Michigan 48933.)								

## Submit Form Via One of the Following Methods:

Mail To:

Michigan State Police Attn: Freedom of Information Unit 333 South Grand Avenue P.O. Box 30634 Lansing, Michigan 48909-0634

Email: MSP-FOI@michigan.gov

Fax: (517) 241-1935

For Additional Information:

Phone: (517) 241-1934

Website: www.michigan.gov/foia-msp